

THE
BOSTON MEDICAL AND SURGICAL
JOURNAL.

VOL. XIII.]

WEDNESDAY, JANUARY 20, 1836.

[NO. 24.

PUERPERAL PERITONITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THE prominent place in our current medical literature occupied by "Puerperal Peritonitis" has rendered the details of that disease sufficiently familiar to most physicians, even if they have been fortunate enough to escape a personal encounter with it. It is, however, not so generally known that a morbid affection, characterized by the same symptoms, and presenting the same pathological changes, is liable to occur entirely unconnected with child-bearing. Peritoneal inflammations, as they are described in the books, both acute and chronic, are, to be sure, not of infrequent occurrence. But the cases I am about to describe seem to differ not only in degree, but also in kind, from those commonly met with, and to resemble the severest cases of "epidemic puerperal fever."

On the 3d of March, 1831, I was called to visit a young woman in this village, who had previously enjoyed good health, with the exception of a slight eruptive complaint, for which she had taken, by my direction, some aperient and diuretic medicines, from which she had derived benefit. At the time of my visit (9, A. M.), she had vomited slightly, and complained of some rather indefinite feelings of distress at the stomach. There were no chills; the pulse, respiration, tongue, and countenance, were unaffected. There was no tenderness on pressure about the stomach or abdomen; the catamenial and alvine evacuations had been regular. I made some slight prescription, without being aware of the severity of the impending disease.

I was prevented from seeing her again till 2, P. M. when I visited her with my colleague, Dr. Parker, and when the marks of severe disease were very fully expressed. The peculiar alteration of the features, called by the French writers (Corvisart, Baudelocque, &c.) *face grippée*, was very striking. The extremities were becoming cold; the abdomen, excessively tender to the touch, was, at this early period of the disease, enormously distended. Pulse 140 in the minute and weak; respiration difficult. A small quantity of blood was abstracted: injections, fomentations, the warm bath, and a variety of other means, were tried without effect, and the patient died at 5 o'clock, the following morning, twenty hours from the first attack of disease.

Sectio cadaveris, eight hours after death.—In the head and thorax no preternatural appearance. The abdomen contained six quarts of serous or sero-purulent fluid, with abundance of the fibrinous flocculi which are found in the fatal cases of puerperal peritonitis. The surface of the

peritoneum was extensively covered with the same adhesive matter. It had the pale, opaque appearance characteristic of serous inflammation that has resulted in effusion. Tender and friable, it was lacerated when carelessly handled. Six or eight inches of the ileum were of a dark purple color, entirely mortified.

I should probably never have published any account of the above case, but for the recent occurrence of another of a character exceedingly similar.

Mrs. Reed, aged 22, had been married four weeks. Formerly subject to some dyspeptic complaints; latterly, health pretty good. Attacked at 9, P. M. Dec. 13, 1835, with violent pain in the right hypogastrium, which soon came to occupy the whole abdomen. Dr. Russ, of Pomsret, was called, who found her with a weak and very frequent pulse; pain in the abdomen violent, with strong tendency to syncope. No distinct rigor, but the temperature constantly, and during her whole sickness, below the natural standard. Occasionally some nausea and vomiting. Soon after the attack, the abdomen was observed to be tender on pressure, and at 9, of the following morning, was first found to be tumefied.

I saw this patient twenty-four hours after her first complaint, viz. at 9, P. M. Dec. 14. She was then moribund. No pulse at the wrist. Breath and extremities cold. Abdomen distended, and tense beyond anything I had ever witnessed. Dr. Russ had taken a small quantity of blood, eight or ten oz. which was cupped and sizy; but had been deterred by the feebleness of the reaction from making a more liberal sanguineous depletion. Injections and purgative medicines had failed of procuring alvine evacuations; nor had any of the means ordinarily employed in such cases been productive of even a temporary mitigation of the symptoms. At the time of my visit, gangrene had evidently supervened. The pain had ceased. A cadaverous fetor exhaled from the body. She died between 11 and 12 o'clock, twenty-six or seven hours from the first attack of disease. Permission was not obtained to open the body.

Both these cases seem to me to have exhibited a striking resemblance to the cases of puerperal fever which prevailed in the western part of this State in 1819-20. The phenomena presented by both these patients, while laboring under disease, and the pathological changes observed in the one subjected to post-mortem examination, seem almost to have established an identity of morbid action.

The modern writers on puerperal peritonitis lay much stress on a vitiated atmosphere as a cause of the disease. Thus we are told by Tenon, that in the old Hotel Dieu, on the banks of the Seine, one in 15 of the women delivered there perished of this disease. And this is attributed to the practice of crowding two or three puerperal patients into the same bed; of suffering the lochial and other discharges to accumulate around them; to the confined situation of the hospital, where ventilation was impossible; and still more to the lying-in wards being directly over those devoted to surgical cases, where the stench from ulcers, &c. was at all times intolerable.

We should think that this list presented a pretty formidable array of causes against the health and comfort, if not the lives of the poor inmates

of the Hotel Dieu. But we are told by M. A. C. Baudelocque, that in the *Maison d'Accouchement*, the more modern lying-in establishment, where most or all the above evils are obviated, the ratio of mortality from puerperal fever is not sensibly diminished. The disease has also at some periods raged in Vermont with all the severity, and as high a rate of mortality, as has been attributed to it by Wm. Hunter or any of the writers who have described it in its most aggravated form. And in the cases I have now described, we have a disease apparently identical with the worst cases of epidemic puerperal peritonitis, without even the ordinary accessory of recent delivery. Something besides vitiated air must then be sought for as a cause for the disease we have been considering. Its etiology is certainly involved in great obscurity, unless we conclude to be satisfied with the time-consecrated definition, that "*its causes* are the causes of fevers in general, with some unknown cause determining the peritoneum and uterus and its appendages to be peculiarly the seat of the morbid action" ! !

A question of more importance, and, as I think, of easier solution, relates to the treatment of these cases of violent peritoneal inflammation. I will not trespass upon your patience, or that of your readers, farther than to offer my views upon the single remedy of bloodletting, so highly extolled by Armstrong, Hey, Gooch, and others, and as decidedly proscribed by Clark, White, and Burns. The latter writer makes a distinction, which is not now recognized by the profession, between peritoneal inflammation and puerperal fever; and advises bloodletting in the former, and tonics in the latter. The result of all my experience in the treatment of this disease, is, that *the lancet should be fearlessly employed at the commencement*. It will generally do no good after effusion has occurred; and tonics and stimulants will do no good at any time. Perhaps in many cases the attack is so severe, the affected organ so extensive and vitally important, and the tendency to effusion so great, that all curative measures will be found unavailing; and it probably often occurs that the symptoms are so equivocal at the commencement, that practitioners are deterred from making the necessary depletion till it is too late. Still the recoveries from puerperal fever which I have witnessed, and they have been pretty numerous, have all occurred under a vigorous antiphlogistic treatment.

The rules by which the use of the lancet should be governed, together with all that relates to the auxiliary measures of purging, emetics, revulsives, &c. &c. form no part of the original plan of this article.

Woodstock, Vt. Dec. 18, 1835.

DAVID PALMER.

MASSACHUSETTS CHARITABLE EYE AND EAR INFIRMARY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In presenting to the readers of the Journal the following summary of cases of Diseases of the Eye, which have applied for treatment during the last year at the Massachusetts Charitable Eye and Ear Infirmary, it may be considered as not amiss to preface it with some remarks tending to show the advantages and necessity of institutions devoted to the treat-

ment of ophthalmic diseases. This intention cannot be better fulfilled than by presenting some extracts from the introduction to a "Treatise on the Diseases of the Eye" by W. Lawrence, surgeon to St. Bartholomew's Hospital, and late surgeon to the London Ophthalmic Hospital. This work has been lately reprinted in this country, and commends itself, by its intrinsic merits, to the attention of the medical profession. Having observed that "the study of the diseases of the eye is therefore now justly regarded as an essential part of general medical education, more particularly to country practitioners, who are thrown entirely on their own resources," the author continues—"although the importance of the subject must be admitted, it has been doubted by some whether the ophthalmic branch ought to be separated from the rest of medicine and surgery, as it must be, to a certain extent, by devoting to it separate courses of lectures and treatises, and by instituting ophthalmic hospitals." To show how mistaken and unfounded are these doubts, he cites the commonly acknowledged fact, that general hospitals are inadequate to afford sufficient instruction in this branch. "The diseases of the eye in general hospitals, are inadequate, from the smallness of their number, to the purposes of practical study, particularly that of exemplifying the various operations. Thus these institutions have been inefficient in reference to this important department. As the general body of surgeons did not understand diseases of the eye, the public naturally resorted to oculists, who, seeing such cases in greater numbers, became better acquainted with the symptoms, diagnosis, and treatment ; and especially more skilful in the operative department."

In tracing the downward progress of ophthalmic surgery into the hands of the professed oculist, and the causes which led to that result, Mr. Lawrence goes on to observe—"at the same time, the subject being imperfectly understood, was neglected in the general surgical courses, in which many important affections were entirely unnoticed, and the whole very inadequately explained. Thus, students who resorted to London for the completion of their professional studies, had really no means of learning this important department of the profession, which was tacitly abandoned even by the hospital surgeons, and turned over to the oculists. The latter not being conversant with the principles derived from anatomy, physiology and general pathology, attended merely to the organ ; and relied almost exclusively on what is comparatively of little importance, local treatment. Hence ophthalmic surgery being in a manner dismembered from the general science, was reduced to a very low ebb. Until within a few years, it was, in this country, at least, in a state of almost total darkness."

"It thus becomes desirable to establish an express and distinct school for ophthalmic surgery ; not because the principles of treatment differ from those applicable to disease in general, nor because any peculiar mode of study is required, but in order to supply a deficiency in the existing sources of professional instruction, and to provide for the diseases of this important organ of vision, those means of information which the general hospitals neither do nor could provide, consistently with the requisite attention to their other important objects. This proceeding, which at first view seems calculated to complete and perpetuate the

separation, was the only rational mode of re-uniting ophthalmic practice to general surgery."

The establishment of institutions for the exclusive treatment of diseases of the eye and ear, is of comparatively recent origin. In Great Britain, this plan was originally proposed by Saunders in 1804, and the Institution was opened for the reception of patients the following year, under the name of the London Dispensary for curing Diseases of the Eye and Ear. It was afterwards called the London Infirmary for curing Diseases of the Eye, to which class of diseases it was found expedient to limit it. It was in a report to a committee of this charity, that this talented surgeon first announced the practicability of operating upon congenital cataract in earliest infancy.* The Westminster Ophthalmic Hospital, under royal patronage, was nearly cotemporary in origin with the London Infirmary; and not many years afterwards an Infirmary was established at Exeter, on the model of the latter. Since then, similar institutions have appeared in many of the principal cities of Great Britain, and in some parts of the Continent. They have been received with marks of general favor and encouragement; and in Great Britain, at least, have become identified with the system of public charity for the relief of suffering humanity. The oldest institution of the kind in this country, is the New York Eye Infirmary, which owes its birth to the spirit of medical foresight and enterprise communicated to kindred minds, by such men as Travers and Farr, who succeeded Saunders at the London Infirmary.

The Institution in this city claims a kindred origin, and one not far removed in point of time from that in New York. From these two institutions, others have sprung up in different parts of our country. Cincinnati may boast of having within her boundaries two charities devoted to ophthalmic diseases. And as the attention of the medical profession becomes more and more steadily directed to this interesting and important branch of the healing art, it may be reasonably predicted that ophthalmic institutions will increase and multiply, and extend their beneficial influences in arresting disease and restoring vision.

Boston, January, 1836.

E. J. D.

Whole number of applicants from Oct. 26, 1834, to Oct.

28, 1835 -	-	-	708
Patients affected with diseases of the eye	-	-	582
Patients affected with diseases of the ear	-	-	126
		—	708

The Diseases of the Eye were as follows :

Amaurosis	-	-	29	Conjunctiva, tumor of	-	-	3
Amblyopic weakness of sight	3			Inflammation of, acute, with			
Cataract, single, or in one eye	11			purulent discharge, in-			
Double, or in each eye	6			cluding catarrhal ophthal-			
Crystalline lens, dislocation of	2			mia ; purulent ophthalmia			
Conjunctiva, foreign substance in	2			of adults and purulent			
Ecchymosis of	2			ophthalmia of infants			
Irritable state of	2						

* He reported a case of an infant of two months old, in whom he had performed the operation for curing congenital cataract, and who was then convalescent.

Conjunctiva, inflammation of, chronic, with purulent discharge	2	Iritis (primary or rheumatic)	4
Cornea, foreign substance in	3	Iritis, syphilitic	3
Inflammation of (corneitis)	7	Lippitudo, acute	37
Pustule of	2	Chronic	5
Opacity of	21	Lachrymal sac, abscess of	3
Ulcer of	26	Passage, obstruction of	15
Rupture of	1	Ophthalmnia, acute	77
Ectropium	3	Chronic	60
Entropium	6	Erysipelatous	2
Eyeball, congenital oscillation of	1	Pustular	22
Suppuration or abscess of	1	Rheumatic	1
Wound of	3	Strunous	18
Eyelid, cancer of	2	Nyctalopia	1
Encysted tumors of	12	Presbyopia	1
Œdema of	1	Pterygium	2
Wound of	2	Ptosis	1
Fistula lachrymalis	2	Pupil, closure of	4
Glaucoma	2	Retina, morbid sensibility of	25
Granulated lids	10	Staphyloma	1
Hypopium	2	Strabismus	2
Hordeolum	6	Tinea ciliaris	32
Iris, laceration of	1		
			582

Of which number 442 recovered.

23 were relieved.

19 declined operation.

27 result not known.

27 were considered incurable.

3 removed from the care of the Infirmary.

2 not cured, and

39 remain under treatment.

582

Diseases of the Ear were as follows, viz. :

Abscess of the meatus auditorius externus	- - -	2
Deafness from disease of some part of the nervous apparatus	- - -	10
From inspissated cerumen	- - -	20
From enlarged tonsils	- - -	5
From morbid dryness of the meatus auditorius	- - -	12
Deaf and dumb, the result of scarlatina	- - -	1
Fungous excrescence of the meatus	- - -	2
Polypus of the meatus	- - -	1
Foreign substance impacted in the meatus	- - -	1
Otitis	- - -	28
Otorrhœa	- - -	42
Rupture of the tympanum	- - -	1
Tumor of the external ear	- - -	1
Diseases of the Ear	- - -	126
Diseases of the Eye	- - -	582
Total	- - -	708

DR. BELL'S PRIZE DISSERTATION AND MR. GRAHAM'S STRICTURES.

[Communicated for the Boston Medical and Surgical Journal.]

MR. EDITOR,—I have read with great satisfaction Dr. Bell's Prize Essay. I don't know where can be found, in the same space, so much judicious remark and sound reasoning, on the topics of which it treats. Dr. B. is evidently a man of talent and learning, and accustomed to philosophical investigation. He does not suffer himself to be led astray, like thousands who have preceded him, by a love of novelty or paradox; neither do his prejudices and prepossessions seem to be such as to blind his perceptions or warp his judgment. As far as I can judge from this single effort, he is a clear-sighted and clear-headed man, thoroughly acquainted with the principles of his profession, and withal as liberal and as respectful towards his opponents as any fair-minded man ought to ask, and more so than should have been expected. There are some opinions in the world which ought not to be treated with too much gravity and deference, lest they thereby acquire a degree of importance which they are not entitled to. Some species of error and extravagance are sooner laughed than reasoned out of existence. I have known many a man cured of his day-dreams by well-directed ridicule. The truth is, when a man's head is turned by the force of his imagination, and he stands trembling on the very verge of monomania, he will sometimes feel and acknowledge the power of wit, when his ear is deaf to every other species of logic. At any rate, the lash of ridicule, judiciously applied, may prevent others from becoming the dupes of imposture. To attempt gravely to reason with some of our modern visionaries, often, has no other effect than to administer to their pride and vanity, while the world is led to believe there may be something in opinions which call forth so much formal argument. The fortune of many an insignificant castle-builder, dying for notoriety, has been made by too serious and systematic opposition.

Now, for these reasons, I was at first inclined to believe that Dr. Bell had occupied too much of his time in *arguing* the question relative to what is, without much meaning, called man's *natural* food. This is one of those questions which I have been in the habit of considering as nearly settled as any question of the kind possibly can be by reasoning. It has been argued and re-argued, and argued again, as Dr. Bell correctly remarks, and I feared that to go over the ground again might be to acknowledge that the truth was not yet known. This was my first impression, though subsequent reflection has convinced me that I was in error. I, on the whole, rejoice that Dr. Bell has entered so fully into the argument, and that he has managed it in so able and satisfactory a manner. I have no expectations that many of those who think that man ought to live exclusively on vegetable food, especially those who have publicly committed themselves on the question, will be convinced by his logic; but there is a reasonable hope that it may operate as a dissuasive to others who might adopt their extravagancies.

The charge which Mr. Graham prefers against Dr. Bell of enlisting too liberally into his service sneer and sarcasm, seems to me without foundation. He is certainly always gentlemanly, which cannot be said of Mr. Graham. There is more that is severe and disrespectful, ten

times over, in the ten pages occupied by the communications of the latter, than in the entire dissertation of the former.

I am sorry that Mr. Graham has not thought it worthy of himself to attempt to meet Dr. Bell's arguments, instead of spending his breath in declamation and empty bravado. Instead of writing ten pages of mere rhapsody, if he had devoted the same time to the refutation of Dr. Bell's reasoning, nobody can tell what wonders he might have accomplished (if his own account of his capabilities are to be received). Hear his own account of what he *might* have done (by argument and wit) had he felt disposed "to enter into a critical examination of Dr. Bell's performance." "Were I disposed to follow his own lead, and to use his own weapons, it would require no great skill nor power to annoy him exceedingly; and if I should not be able to give him any deep wounds, *I might, with great ease, at least, excoriate him from head to foot, and leave him smarting more cruelly than he would from a more fatal thrust.*" Now this idea of flaying a man alive "from head to foot" must be exceedingly shocking to the feelings of Dr. Bell, and is quite too barbarous ever to have been entertained by so famous a philanthropist as the "Public Lecturer on the Science of Human Life." But what does Mr. Graham mean by such wretched rodomontade as this? Does he not know that such sort of stuff, on his part, is mere swaggering, and will be taken for no more than it is worth by the public?

But let us hear the "Public Lecturer" again, in reference to his own amazing powers and discoveries—the subject on which he most delights to expatiate. Alluding to the following very just remark of Dr. Bell, "The view of the relations between body and mind, their varied connections with, and re-actions upon each other, presents a field of research extended, and promising the richest and most interesting results to the philosophical inquirer,—a field, as yet, little explored," Mr. Graham exclaims—"‘*a field, as yet, little explored,*’ says Dr. Bell. This is the Doctor's mistake. *It has been fully and faithfully explored in all its length and breadth. I hope it will not be considered vaunting if I say that I have mainly devoted more than twenty years of my life, most assiduously, to researches of this kind; AND I DO NOT BELIEVE THERE IS A NOOK OR CORNER OF THE FIELD, OF WHICH THE DOCTOR SPEAKS, WHICH I HAVE NOT ACCURATELY SURVEYED.*” Now in this declaration, Mr. G. asserts either a truth or a falsehood. If what he says is true—if the thing has been done which he declares has been, and that, too, by *Mr. Sylvester Graham*, I hereby declare that **MR. SYLVESTER GRAHAM, Public Lecturer, &c.** is, out of all proportion, the greatest man that ever lived. In length and breadth, and all his dimensions, he is infinitely greater, even, than all the other great men united which the world ever saw. This I declare, and this I hold myself prepared to prove, whenever Mr. G. shall show me that he has really accomplished the prodigious things in question. On the contrary, if Mr. G. has asserted what is *not* true, and if he has *not* explored "in all its length and breadth" the field in question, as I verily believe he has not, I know not how to characterize his reckless effrontery, to say nothing of his veracity.

I cannot help quoting, for the reader's re-perusal, one more specimen of Mr. Graham's matchless assurance. "If I shall be permitted to

present to Dr. Bell and others the results of my labors, *in print*, as I hope to, ere long, they will find that, instead of 'Utopian dreaming,' or wasting my time in exploring Cyclopedias and musty libraries, to learn what others have thought and said, *I have been laboriously engaged in severe scientific researches and ORIGINAL INVESTIGATIONS*; and that instead of basing my opinions on the experience of 'a few dyspeptics,' I have founded them on rigidly ascertained scientific principles. I say not these things boastingly, but in frankness, *to show medical gentlemen that I am neither a fanciful speculator nor 'Utopian dreamer.'*"

Mr. Editor, I have no personal acquaintance either with Dr. Bell or Mr. Graham, and I am unconscious of being influenced by unworthy motives in what I may say of either. The latter I have frequently heard of through the public prints, and I have some knowledge of his character and history from such as have known him well. I have supposed him to be a fluent and sometimes eloquent lecturer, superficial but deep enough for a popular audience, possessed of considerable knowledge and more address, and still more of a common ingredient of character vulgarly called *brass*. I have supposed him to be an enthusiast much given to castle-building and vision-seeing, and therefore unsafe to be trusted; but I have had little doubt that he was mainly honest in his purposes, and withal, the author of some good to the community, in his way. He has contributed, I doubt not, to make some physiological principles of great importance familiar to the public mind, which of itself is no slight praise. He has not talents enough, if I mistake not, to become the head of any considerable sect—his chief ambition, perhaps. Some of his notions upon diet I have always considered as visionary, and often extremely detrimental, when received and reduced to practice. Some of the most inveterate dyspeptics I have ever known have been such as have been the meek followers of Mr. Graham's rules of living. But notwithstanding the injury which Mr. G. has unquestionably done by the errors which he has propagated, I am half inclined to think that he has done more good than hurt in the world, after all. Whatever praise is his due, I most cheerfully give him; and if he ever sees fit to honor the world with his lectures *in print*, I will be among the foremost to spread his fame throughout the land, *provided* they contain those "severe scientific researches and original investigations" which are promised. But whatever Mr. G.'s merits may be as a lecturer, or *will be* as an author, I am persuaded he is entirely out of his element in a medical Journal. This I can most confidently assure him, provided his late communications to this Journal, including the "Extracts from an Introductory Lecture," be fair specimens of his attainments in "*the science of human life*"—the "physiological and psychological" relations of man. I hope Mr. G. will not attribute to my professional prejudices and jealousy my inability to discover in him that degree of merit which he is disposed to arrogate to himself, and which his friends claim for him. I cannot, for the life of me, see anything *prodigious* in the man, except *prodigious effrontery*, and I don't believe I am blinded by jealousy. However, the world, not I, must be judge. If I know my own feelings, I would as soon accept the labors of Mr. G., as far as they contribute to advance the cause of

physiological science, as those of any other man ; but I cannot accept the fruits of fancy for the product of intellect. When Mr. G. sees fit to dream, he must not get out of patience because others do not dream too. Fretting will do no good, and a medical Journal is no place to make converts by blustering.

BETA.

Connecticut, January, 1836.

HÆMATURIA, OR BLOODY URINE, FROM THE RUPTURE OF A VEIN OF THE PROSTATE.

TRANSLATED FROM THE REVUE MEDICALE BY B. B. APPLETON, JR. BOSTON.

[Communicated for the Boston Medical and Surgical Journal.]

THE following fact, and the reflections which accompany it, seem to throw some light upon the diagnosis of Hæmaturia, a disorder, the cause of which is often involved in much obscurity. A young man from 28 to 30 years of age, of a venous system developed in consequence of some venereal excesses, passed bloody urine. Mild treatment and diluted drinks effected no change in his condition. M. Lacroix having been consulted, gives the following particulars ; the patient passes water without pain ; he does not experience any weight in the loins or hypogastric region ; the liquid which he passes is pure blood, dark, and escapes drop by drop under the following circumstances. When he passes water, in an upright or supine position, at evening, morning, or in the course of the day, he discharges a liquid exactly like the urine which he evacuates in a perfect state of health. While in the chair the urine still continues natural, previous to the passage of faecal matter ; but during the efforts which are made in the act of defæcation, he passes drops of blood, and this has happened at every alvine discharge for eight days. This last circumstance is best fitted to aid the diagnosis ; for, if any known sign had raised a suspicion that the kidney or bladder was the seat of this hæmaturia, the nature of the urine, which passes always pure, is a sufficient proof that neither the secretory organ nor the receptacle were affected. The inference then is, that the source of the blood is in the excretory canal, and in that part which is nearest to the rectum, since it is in the act of defæcation that these hemorrhages occur.

Now, we shall be asked, perhaps, how the canal of the urethra can pass alternately urine and blood. This is easily to be conceived of, by the application of the knowledge which we have respecting the phenomena of venous circulation ; and it is this very succession in the alternate ejection of blood and urine, which proves satisfactorily that the disorder is owing to the rupture of a vein ; for, if you suppose an inflammation accompanied with hemorrhage of the prostate, the liquid would be constantly discharging, and would be mixed with the urine.

In the case of a ruptured vein, we may again be asked how it happens that the blood does not pass with the urine in its course through the urethra ; for the same reason that in venesection, it is not sufficient that the vein should merely be opened—it is further necessary that an obstacle, like a ligature, should oppose the return of the blood. Now, in the

efforts of defæcation, the contractions of the parieties of the abdomen have an action sufficient to cause the flow of blood, by the obstacle which they oppose to its return in the veins of the prostate.

This hemorrhage is owing simply to the rupture of a vein, without the necessity of supposing the prostate varicose; for nothing indicates that this organ is the seat of any such affection. In examining his past history, we find that the patient has never been subject to that retention of urine so common in an enlarged state of the veins of the prostate. Besides, on a careful examination of the prostate, we find that it is not larger than usual, and that it gives no sensation of pain upon pressure, or in the rectum in defæcation. The age of the patient, too, prevents the supposition of a varicose prostate; for as it is an affection common in advanced age, it is very rare in young persons. A single indication was offered, and this was to remove the obstacle which operated periodically to destroy the clot of blood (*caillot*) which was formed for the cicatrization of the vein, by preventing the patient from making these efforts for some days. For this purpose relaxing drinks were given, and washes applied twice or thrice a day. On the fourth day the patient was entirely cured.

VITALITY OF THE BLOOD.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following extract from one of my lectures on the Science of Human Life, is furnished to you for publication in your Journal, not because I wish to make a display of my own ingenuity, but because I desire most respectfully to present the views contained in the latter part of this extract, to the attention of physiologists and physicians, as extensively as possible, and to ask them to give as much consideration to my notions, and especially those concerning the coloring matter of the blood, as they deem them worthy of. For it seems to me very certain that if these notions are not perfectly futile and visionary, they are of very great importance; and I am not confident in my own mind which of these propositions is true. It may not be improper to observe in this place, however, that I have been permitted to read this extract to one of the ablest and most learned professors of physiology in our country, and he has declared that he considers the views contained in it, as worthy of very serious and careful examination.

Yours respectfully,

Boston, January 9, 1836.

S. GRAHAM.

The blood, like the chyle and other substances of the body, has repeatedly been analyzed by the chemist, and we have been told the precise quantities of the muriate of soda and potash—of phosphate of lime—iron—sulphur, &c. contained in it;—but without the least advantage to physiology, therapeutics, or dietetics. On no one of these points, has the chemical analysis of the blood thrown the least ray of light; for it is not with a fluid composed on the principles of inorganic chemistry, of certain chemical elements, that the physiologist or the physician has to

do ; but with a *living fluid*, elaborated by vital processes, and subject to the laws and conditions of vitality. The blood is most indubitably a living fluid, and its vitality is susceptible of very considerable increase and diminution—and the extremes in both directions lead to death. There is a point above which the vitality of the blood cannot rise without disease which leads to speedy dissolution ; and there is a point below which it cannot sink without inevitable destruction.

That the blood has vitality in itself, has repeatedly been, and may easily be proved by conclusive experiments : still, however, its intrinsic vitality cannot long be sustained out of the living vessel to which it belongs. Taken from the living vase, the blood loses its vitality in a few minutes ; but if a quantity of blood be confined to a portion of a living and healthy artery, its vitality will be preserved as long as the healthy vitality of the artery remains. The preservation of the vitality of the blood, therefore, depends on the living vessels in which it flows, or rather on the nerves of organic life, which preside over the functions of those vessels ; and the degree of vitality in the blood, varies with the general condition of those nerves ; and the general condition of those nerves depends very much on the character and condition of the blood.

If the quantity of the blood in the system be excessive, there is a tendency to special or general congestion, inflammation, and death. On the other hand, if the quantity of blood be too far reduced, the functional energy of the nervous system is diminished, the conservative power of the bloodvessels is impaired, and the intrinsic vitality of the blood is commensurately lessened. Hence if a healthy, robust man be copiously bled, and then several smaller portions of blood be taken from him at short intervals, each successive portion will lose its vitality sooner than the preceding one.

The specific gravity of the blood, is little more than that of water. It has been affirmed, however, "that the more perfect the organization of the blood, or the higher the degree of vitality it possesses, the greater appears to be its specific gravity."

By some physiologists, the blood is considered a homogeneous fluid ; while others assert that it is a complicated compound of all the substances which compose the various solids and fluids of the living body—the substances of the bones, cartilages, ligaments, tendons, membranes, muscles, nerves, bile, salivary, gastric, pancreatic, and other fluids, &c. &c.—ready formed, and all mixed up together, in the blood, like the materials of the world in the fabled chaos :—and all that is further necessary for the arrangement of these materials, into the several structures and organs of the body, is, to have the blood pass through certain strainers, which are so constructed and situated, as to separate out and retain each material in its proper place. But this is obviously an expedient to cover human ignorance with the guise of science—a purely hypothetical attempt to explain the operations and results of the vital economy upon chemical and mechanical principles.

Whilst the blood is healthfully flowing in its living vessels, it is impossible for us to investigate its properties ; and it is equally impossible for us to know how soon our meddling with it, may effect essential changes in its character. The farthest, therefore, that our knowledge of the

living blood extends, is that, when first taken from the living and healthy vessels and examined under a microscope, it is found to be composed of a fluid containing innumerable, minute globules, which are surrounded by a kind of pellicle of coloring matter. A substance called fibrin is also said to be contained in the blood :—but there is reason to believe that the fibrin is nothing more than an arrangement of the globules just named, divested of their coloring matter, and that the fibrin, as such, is not to be found in the actively circulating blood.

When taken from the living vase and permitted to stand a short time, the blood coagulates, or a portion of it gathers into a thick clot, called the crassamentum—and the remaining portion is a thin, transparent fluid of greenish and yellowish appearance and saltish taste, and is called serum. By washing the clot or coagulum freely in water, its coloring matter is removed, and it becomes white, and has a fibrous appearance. When putrefaction commences in the blood taken from the living body, “it attacks rather the coagulum than the serous portion,” and this is true also of the chyle.

This is as far as the *physiologist* can push his analysis of the blood :—and this, taken in connection with several important facts and phenomena which constantly take place in the living system, justifies the conclusion that the blood is not a homogeneous fluid, but naturally consists of innumerable globules or corpuscles of animalized matter, held in a fluid state by an aqueous menstruum or diluent ; and that the *vitality of the blood wholly resides in the globules*.

It was stated in a former lecture, that water appears to pass from the stomach into the circulation with very little if any change ; and it is a well known fact, that all the absorbent vessels of the body pour their contents of every kind—whether assimilated or not—whether salutary or deleterious, into the veins. It is also well known that large quantities of water, holding saline substances in solution, may be injected directly into the veins of living animals without destroying life. Castor oil, and many other medicinal substances, may likewise be introduced in the same manner : and alcohol and other poisonous substances pass unchanged from the stomach into the circulation in large quantities. Indeed, alcohol is often present in the blood in so large a quantity and so concentrated a form, as not only to be readily detected by the senses of smell and taste, but also to burn freely with a blue flame, when touched by a candle or any other burning substance.

When death is caused by lightning, it is well known that the blood remains in a fluid state incapable of coagulating ;—and in several forms of malignant, putrid fever, the corpuscles of the blood are broken down and lose the power of coagulating : and in some instances there are manifest evidences that putrefaction has commenced in the globules of the blood before the life of the body is extinct.

All these facts seem to prove conclusively that the blood cannot be a homogeneous fluid; and that the serum of the blood cannot possess any degree of vitality : and they leave little reason to doubt that what is called the coloring matter which surrounds the vitalized globules, *is intended to shield them from the pernicious properties or influences of such foreign matters as may find their way into the circulation and become mixed with*

the serum of the blood. While the animalized corpuscles remain in the lacteals and other vessels, where, in the normal state of the system, only assimilated fluids are permitted to enter, they are not invested with those pelicles or coverings which become red in the lungs, and when they finally enter into the arrangements of organized structure, they are again divested of those tunics ; and hence it appears that they are only thus covered while travelling in the common highway of the circulation, where they are continually exposed to the contact and influence of foreign and unassimilated substances.

It is probably from the serous portion of the blood, mainly, if not exclusively, that the excrementitious secretions and exhalations are made ; and the impurities which sometimes accumulate in the blood from special or general derangement of function, are probably contained wholly in this menstruum : and it is possible that they exert their deleterious influence first on the nervous tissue of the bloodvessels, and through them on the nerves of organic life generally, producing irritation and morbid affection which involves the bloodvessels, and by them is communicated to the living corpuscles of the blood, and thus producing a general fever, which is modified in its type and symptoms, by various circumstances. Hence the intense thirst which usually attends a fever, and which may be an instinctive demand for water to displace the offensive serum, and allay the preternatural heat and action ;—and hence, also, the interesting fact, that pure soft water freely administered, at a proper time, is decidedly the most efficient febrifuge in nature. The most violent fevers have been subdued by it with astonishing rapidity, when the ordinary means of medical practice have proved utterly ineffectual.

It is frankly admitted, however, that this is mere speculation : but it seems to be corroborated by all known facts relating to the subject. It is not, however, by any means, suggested as a universal theory of fever, but merely as one of the means by which fever is induced.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 20, 1836.

MASSACHUSETTS EYE AND EAR INFIRMARY.

THE reader will find in the Journal, to-day, some general statistical observations on the origin and necessity of ophthalmic hospitals, to which are annexed the returns of the cases of diseases of the eye and ear, which have been presented for treatment, the year past, at the Massachusetts Charitable Eye and Ear Infirmary. This institution has now been in active operation more than ten years—and during that time, nearly eight thousand patients, afflicted with diseases of those important organs of sense on which so much of human happiness and intelligence depends, applied for relief. A very large proportion of the whole number were affected with complaints of that sensitive, delicately-constructed instrument of perception, the eye. In many instances, had the disease been left to itself, or treated by the innumerable nostrums which the ignorant and vulgar too frequently have recourse to in the commencement of oph-

thalmic affections, total and irretrievable blindness would have certainly followed. It should be remarked that the benefits of this noble institution are by no means confined to the immediate vicinage of Boston. Applicants from various sections of the commonwealth are annually swelling the catalogue of patients; and not unfrequently persons from other States, also, seek advice here. Some adequate idea may be formed, from this statement of facts, of the high character enjoyed by the Infirmary beyond the immediate environs of the city.

The results of the medical and surgical treatment, therefore, justly entitle this excellent charity to the favor and warm-hearted encouragement of the whole community, to which it looks with an earnest and confident belief that its restricted means will ere long be enlarged, and rendered adequate to the increasing demands made upon its gratuitous services. The medical gentlemen who founded, and who have perseveringly conducted its operations from infancy, till it has grown into notoriety and unquestionable utility, have bestowed not only their regular personal services from the beginning, but they have moreover manifested a zeal and faithfulness which entitle them to the sustaining power of those who possess the means of rendering assistance without essentially diminishing their own superabundance. It cannot be possible that the appeal of the institution for pecuniary aid can be much longer neglected. Shall the necessary means for extending and diffusing the inestimable benefits of sight and hearing be denied the unfortunate? Can the ills of honest poverty be thus neglected—nay, aggravated—by withholding the balm which is in Gilead? The spirit of philanthropy, and a rational regard to that principle of political economy which contemplates the comfort, at least, of the poor—and particularly the diseased poor—demand an energetic movement in behalf of this Infirmary.

From the first of our acquaintance with the original designs of the founders, we have urged its claims. And we have been no less urgent in recommending to medical pupils the great good that might accrue to them, and those who might in after life consult them, by a systematic course of instruction in ophthalmic surgery, under the guidance of the medical officers of this institution. There must be a hospital erected—and the sooner it is done, the happier will it be for those who are compelled by misfortune to become its beneficiaries.

Iodine in Diabetes.—A correspondent of a foreign Journal strongly recommends this article in diabetes. Ioduret of iron and of potassa, and the tincture, may each be resorted to with considerable hope of relief. Knowing, as we do, the utter hopelessness of all the ordinary medicinal agents prescribed, in this country, for the complaint, we think the iodine should not be forgotten. This and creosote are certainly worthy a trial.

Medical Miscellany.—Professor Tiedemann, the celebrated anatomist, has lately made a visit to London, where he was all the toast with the schools and hospitals. Mr. Lawrence, the artist, took his picture, which having been lithographed, makes a fine display in the shop windows. The expression is intellectual.—The Censors of the First Medical District of Massachusetts (Suffolk) will be in session on Wednesday, Jan. 27th, in this city, for granting licenses. Applications to be made to Dr. Edward Reynolds, Boston.—Dr. Bartlett, of Lowell, gave an excellent lecture before the Boston Lyceum, on the 14th inst. He is a fine writer.

To CORRESPONDENTS, &c.—Several communications are on file for insertion next week.—We acknowledge the receipt of Dr. C. G. Putnam's Translation of M. Louis's Researches on Bloodletting, and Parts VIII. and IX. of Dr. Hays's Library of the Medical Sciences—both too late to be examined this week.

Erratum.—On page 361, line 4 of Dr. Workman's Reply, for "medical police consultations," read "medical police in consultations."

DIED—In New York, Dr. Peter McGiving, 47; Dr. Frederick Girard.—In Manchester, Eng. Mr. Whatton, Surgeon of the Royal Infirmary.

Whole number of deaths in Boston for the week ending Jan. 15, 36. Males, 19—Females, 17.

Of measles, 3—Inflammation of the bowels, 1—infantile, 5—lung fever, 5—dropsy, 4—croup, 1—consumption, 5—Inflammation of the lungs, 1—cancer, 1—insane, 1—typhous fever, 2—delirium tremens, 1—dropsy on the brain, 1—intemperance, 1—debility, 1—apoplexy, 1.

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On the Principles and Practice of Surgery, " DR. OTIS.
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Applications are to be made to Dr. Walter Channing, Tremont Street, opposite the Tremont House, Boston.

Jan 20—lyep

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SCHOOL OF MEDICINE, AT WOODSTOCK, VERMONT,

CONNECTED WITH MIDDLEBURY COLLEGE.

(Incorporated by the Legislature of Vermont, October, 1835, with the power of conferring Degrees.)

The Annual Course of Lectures, at this Institution, will commence on the second Thursday (10th day) of March next, and continue thirteen weeks.

Theory and Practice of Medicine and Obstetrics, by H. H. CHILDS, M.D.

Physiology and Surgery, by WILLARD PARKER, M.D.

Chemistry and Materia Medica, by DAVID PALMER, M.D.

Anatomy, by ROBERT WATTS, JR., M.D.

Medical Jurisprudence, by NORMAN WILLIAMS, A.M.

Demonstrations in Anatomy, by OTIS PERHAM.

The usual number of Lectures will be five, daily—besides the Demonstrations in Anatomy and occasional evening examinations. Considerable additions are now making to the Chemical Apparatus; and opportunities will be furnished to students for practical Anatomy, arrangements for that purpose having been made last year in the city of New York. *No subject for dissection will be received from any person, or on any terms.*

Fees for the course—\$45. Graduation—\$18. For those who have attended two courses, but do not graduate—\$10. All the above expenses to be paid in advance, or secured by note, with a satisfactory endorser, to DAVID PIERCE, Esq. Treasurer of the Institution. Board is usually furnished at from \$1.50 to \$2.00 per week, including room, wood, lights, and washing.

Students are requested to come provided with two or more standard works on each of the above designated branches of study. The term will commence with Lectures on Anatomy, Chemistry, Physiology, Surgery and Materia Medica. Degrees will be conferred at the close of the Lecture Term.

Examinations will be conducted by the Medical Faculty, in presence of a delegation from the College, and a Committee appointed by the Justices of the Supreme Court, pursuant to the provisions of the act of incorporation. Requisites to an examination are, that the student produce satisfactory testimonials of moral character, and of his having studied three years with a regular practitioner; that he shall have attended two courses of Public Lectures, one of which must have been at this institution; and that he shall have attained the age of 21 years. By order of the Board of Trustees,

6t

E. HUTCHINSON, Secretary.

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D CLAPP, JR. at 184 Washington Street, corner of Franklin Street, to whom all communications must be addressed, *post-paid*. J. V. C. SMITH, M.D. Editor. It is also published in Monthly Parts, on the 1st of every month, each Part containing the weekly numbers of the preceding month, stitched in a cover.—Price \$3.00 a year in advance, \$1.50 after three months, and \$4.00 if not paid within the year.—Every seventh copy, gratis.—Postage the same as for a newspaper.